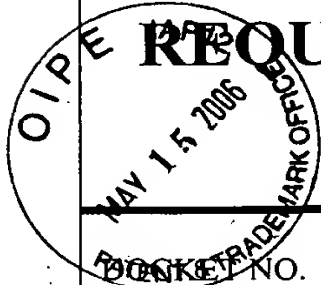


MAY 17 2005

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

RCE-BW



REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

BOOKLET NO. 10746/26	APPLICATION SERIAL NO. 09/870,147	EXAMINER Natalie Pass	ART UNIT 3626
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Applicant(s):
Toshiaki TSUBOI et al.

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/870,147, filed on May 30, 2001, entitled **HEALTH PROMOTION PRACTITIONER SUPPORT APPARATUS AND COMPUTER READABLE MEDIUM STORING HEALTH PROMOTION PRACTITIONER PROGRAM**

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ Reply AMENDMENT AFTER A FINAL OFFICE ACTION (of May 15, 2006)
☐ Information Disclosure Statement
☐ Drawing Changes
☐ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached Amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	17	20	20	0	50.00	0.00
INDEPENDENT CLAIMS	3	3	3	0	0.00	0.00
MULTIPLE DEPENDENT CLAIM						
				05/18/2006 CNGUYER 00000040 110600 09870147		
				01 EC:1001 Number extra must be zero or larger	TOTAL 790.00 DA	790.00
If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.						SMALL ENTITY TOTAL

Express Mail No. EV 321877865 US

2. Please charge the required RCE and submission filing fee of **\$790.00** to the deposit account of **Kenyon & Kenyon, deposit account number 11-0600**.
3. While no other fees are believed to be due, the Commissioner is hereby authorized, as necessary and/or appropriate, to charge payment of any other fees (including any claim fees and/or extension fees) required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account number **11-0600 of Kenyon & Kenyon**.
4. **Two duplicate copies** of this Transmittal Form and Petition are enclosed for the above purposes.

Dated: 5/15/2006

Respectfully submitted,

By: 

Aaron C. Deditch (Reg. No. 33,865)

KENYON & KENYON LLP
One Broadway
New York, New York 10004
(212) 425-7200 (telephone)
(212) 425-5288 (facsimile)

CUSTOMER NO. 26646